GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:180
ANSWERED ON:10.12.2008
NATIONAL RURAL HEALTH MISSION
Chandrappan Shri C.K.;Das Gupta Shri Gurudas

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the targets fixed under the National Rural Health Mission (NRHM) for the year 2008-09; and

(b) the steps taken/being taken by the Government to achieve these targets alongwith the achievements made so far as a result thereof?

Answer

THE MINISTER OF HEALTH & FAMILY WELFARE(DR. ANBUMANI RAMADOSS)

(a)&(b): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 180 FOR 10TH DECEMBER, 2008

NRHM is an initiative for sector wide rejuvenation of Public Health delivery system in all states in accelerated mode over the period 2005-2012.

The goals of NRHM are as follows:

IMR reduced to 30/1000 live births by 2012.

Maternal Mortality reduced to 100/100,000 live births by 2012.

TFR reduced to 2.1 by 2012.

Malaria Mortality Reduction Rate - 50% up to 2010, additional 10% by 2012.

Kala Azar Mortality Reduction Rate - 100% by 2010 and sustaining elimination until 2012.

Filaria/Microfilaria Reduction Rate - 70% by 2010, 80% by 2012 and elimination by 2015.

Dengue Mortality Reduction Rate - 50% by 2010 and sustaining at that level until 2012.

Cataract operations-increasing to 46 lakhs until 2012.

Leprosy Prevalence Rate −reduce from 1.8 per 10,000 in 2005 to less that 1 per 10,000 thereafter.

Tuberculosis DOTS series - maintain 85% cure rate through entire Mission Period and also sustain planned case detection rate.

Engaging 6,00,000 female Accredited Social Health Activists (ASHAs) etc.

The NRHM does not lay down yearly targets since the reform agenda is based on decentralised planning and is not seeking to implement one size fit all strategies in country wide manner.The Framework for implementation of NRHM does, however, lay down broad time lines for various years of the mission Since the launch of NRHM, all the states have operationalised the strategies which are detailed in the Framework for Implementation of NRHM. The interventions which are supported in each state are contained in the detailed, State Programme Implementation Plan (PIP) which is prepared by each state on the basis of the Integrated District Health Action Plans prepared in its districts. The State PIP is appraised and approved by the National Programme Coordination Committee (NPCC) and funds are released to the states for the activities approved by the NPCC.

During the period 2005-06 to 2008-09, large number of fundamental reforms have been carried out under NRHM to address the issues of infrastructure, human resources, logistics, programme support, financial accounting and reporting etc. All constituent initiatives of NRHM including Reproductive and Child Health (Phase II), various National Disease Control Programmes of Control of Vector Borne Diseases, Control of Tuberculosis, Eradication of Leprosy, Control of Iodine Deficiency and Blindness and Integrated Disease Surveillance are able to show better performance because of overall rejuvenation of the Public health delivery system through NRHM. Health institutions at all levels have been strengthened with greater inflow of state funds as well as support to local innovation

through untied funds and Annual maintenance Grants under NRHM.The ownership of the community has been ensured through establishment of Rogi Kalyan Samitis (RKSs) at health facilities. The RKSs are empowered and funded to manage the facility and bridge the service delivery gaps noted at respective facilities. Path breaking steps have been taken to improve availability of critical skills at all levels through engagement of contractual human resources. The service delivery has also been augmented by various states through innovative pro poor partnerships with non government service providers. The positioning of locally selected and trained community health worker in the form of Accredited Social Health Activists (ASHA), has facilitated perceptible improvement in the accessibility of health services by the community. The overall improvements in capacity of the Public Health delivery system is rekindling the faith of community in public systems and helping the Mission achieve the time lines and goals mandated in the Framework for Implementation.

As per reports received from States upto August, 2008, the following has been added by NRHM so far:-

WHAT HAS NRHM ADDED

1. Rogi Kalyan Samitis	547 DHs, 4038 CHCs, 662 other than CHC Hospitals, 16735 PHCs have their own Rogi Kalyan Samitis with united funds for improving quality of health services
2. ASHAs/Link Workers	6.25 lakhs ASHAs/Link Workers selected, 5.40 lakh trained and 2.43 lakh with Drug kits in their respective villages.
3. Village Health & Sanitation Committees	2.98 lakh villages (nearly 50%) have their own Village Health & Sanitation Committees.2.10 lakh have also received the Rs. 10,000/- untied grant for local action.
4. Village health & Nutrition Days	30.48 lakh in 2006-07, 44.76 lakh in 2007-08 and 13.53 lakh so far in 2008-09.Village Health & Nutrition Days organized at ICDS centre to reach basic health services.
5. 24 x 7 Health Facilities in Rural Areas	A total of 11,135 APHCs, PHCs, CHCs and other Sub District facilities are functional 24 x 7.
6. Addition of Human Resources	2231 Specialists, 10,489 MBBS Doctors, 17979 Staff Nurses, 32,321 ANMs, 7590 Para Medics added under NRHM
7. Programme Management units	398 District Programme Managers, 434 District Accounts Managers, 433 District Data Managers, 523 DPMUs, 34 SPMUs, 1261 Block Managers, 1413 Accountants, 2550 Block PMUs added under NRHM.
8. Janani Suraksha Yojana Beneficiaries	Over 1 crore women covered under JSY so far.
9. Mobile Medical Units	212 MMUs functional so far.
10. AYUSH	4853 health facilities have co-located AYUSH services. 3933 AYUSH Doctors and 831 AYUSH paramedics added to the system.